

POSITION	INITIALS	ID NO.	DA
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	10	10/9	X 3/23/51
<b>RESPONSE FORMALITY REVIEW</b>	MD	JGRT	05/10/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	10/9/01
2	✓
3	0
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6	0
7	✓
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Claim	Date
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**BEST AVAILABLE COPY**

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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